	·	FILED.			
		GAUG 21 PM 1: 28 Clear Form			
1		RICHARI W.			
2	·	CHETHER DISTRICT COURT			
3		//			
4					
5					
6					
7	**				
8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA				
9	Timothy 1.14 4621	,			
10	Timothy WHITEN	) 000-2200 Tool			
11	Plaintiff,	CASE NO. <u>CO8-3788 Ψ</u> S,ω			
12	vs.	APPLICATION TO PROCEED IN FORMA PAUPERIS			
13	W.T. PRESSIL	(Non-prisoner cases only)			
14	Defendant.	· )			
15					
16	1, Timothy Whitesplech	are, under penalty of perjury that I am the plaintiff			
17	in the above entitled case and that the informa	ation I offer throughout this application is true and			
18	correct. I offer this application in support of r	my request to proceed without being required to			
19	prepay the full amount of fees, costs or give s	ecurity. I state that because of my poverty I am			
20	unable to pay the costs of this action or give s	ecurity, and that I believe that I am entitled to relief.			
21	In support of this application, I provide the following information:				
22	1. Are you presently employed?	Yes No			
23	If your answer is "yes," state both your gross a	and net salary or wages per month, and give the			
24	name and address of your employer:				
25	Gross: N	et:			
26	Employer:				
27					
28	If the answer is "no," state the date of last emp	ployment and the amount of the gross and net salary			

1	and wages p	per month which you received.				
2	· · · · ·					
3						
4						
5		e you received, within the past twelve (12)	months, any money from any of the			
6	following sources:					
7	a.	Business, Profession or	Yes No			
8		self employment?				
9	b.	Income from stocks, bonds,	Yes No			
10	t t	or royalties?				
11	c.	Rent payments?	Yes No			
12	d.	Pensions, annuities, or	Yes NoX			
13		life insurance payments?	<b>V</b>			
14	e.	Federal or State welfare payments,	Yes No			
15		Social Security or other govern-				
16		ment source?	,			
17	If the answer is "yes" to any of the above, describe each source of money and state the amount					
18	received from each.					
19						
20		·	·			
21	3. Are	you married?	Yes No 🗶			
22	Spouse's Full Name:					
23	Spouse's Place of Employment:					
24	Spouse's Monthly Salary, Wages or Income:					
25	Gross \$	Net \$				
26	4. a.	List amount you contribute to your spou	se's support:\$			
27	b. List the persons other than your spouse who are dependent upon you for support					
28		and indicate how much you contribute to	oward their support. (NOTE: For minor			

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REGISTRATION RECEIPT				
PENAL CODE SECTION 290				
☐ PENAL CODE SECTION 457.1	CII NUMBER	A05686809		
☐HEALTH AND SAFETY CODE SECTIO	ON 11590 OLN	N7360487	1	
Name of Registrant		Date of Birth 09/28/1957	1	
Residence Address TRANSIENT - RICHMOND				
Name of Registering Agency				
Right Chamb Print	Date of Annual Update	081308	$\prod$	
			$\left  \right $	
SS-8071 (Rev. 11/02)			1	
	PENAL CODE SECTION 290 PENAL CODE SECTION 457.1 PENAL CODE SECTION 457.1 HEALTH AND SAFETY CODE SECTION Name of Registrant TIMOTHY ALLEN WHITEN Residence Address TRANSIENT - RICHMOND Name of Registering Agency RICHMOND POLICE DEPART RICHMOND POLICE DEPART	REGISTRATION RECEI  PENAL CODE SECTION 290 PENAL CODE SECTION 457.1 CII NUMBER HEALTH AND SAFETY CODE SECTION 11590 OLN  Name of Registrant TIMOTHY ALLEN WHITEN Residence Address TRANSIENT - RICHMOND Name of Registering Agency RICHMOND POLICE DEPARTMENT  RIGHT Print  Date of Annual Update  Signature of Registering O	REGISTRATION RECEIPT   ☑ PENAL CODE SECTION 290  ☐ PENAL CODE SECTION 457.1 CII NUMBER A05686809  ☐ HEALTH AND SAFETY CODE SECTION 11590 OLN N7360487   Name of Registrant	